

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT BREAST & CERVICAL CANCER
EARLY DETECTION PROGRAM

Annual Legislative Report

For the period July 1, 2010 through June 30, 2011

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Commissioner

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This Annual Legislative Report of the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) administered by the State of Connecticut, Department of Public Health contains the following three sections:

- **Needs Statement**
- **Program Description**
- **Program Data**

Needs Statement

| Invasive Breast and Cervical Cancer Incidence and Mortality | | | | |
|---|------------------|--------------|------------------|--------------|
| United States and Connecticut | | | | |
| Average Annual Death and Incidence Rates per 100,000*, 2004-2008 | | | | |
| | Incidence | | Mortality | |
| | Cases | Rates | Cases | Rates |
| Breast Cancer | | | | |
| United States | N/A | 124.0 | 40,815 | 23.5 |
| Connecticut | 2,860 | 136.2 | 524 | 23.25 |
| Cervical Cancer | | | | |
| United States | N/A | 8.1 | 3,955 | 2.4 |
| Connecticut | 121 | 6.3 | 35 | 1.67 |

*Mortality data from National Vital Statistics System public use data file and incidence data from SEER and National Program of Cancer Registries Cancer Surveillance System.

Program Description

Early detection and treatment can save lives, reduce the extent of treatment, and improve the quality of life of many of the women affected by breast and cervical cancer. In fact, deaths due to cervical cancer can virtually be prevented with early detection and treatment. Appropriate and

timely screenings are essential in early diagnosis and treatment. Cost, cultural differences, and lack of access are the main barriers to receiving these screenings.

Services and Activities

Services and activities supported under this program include: 1) **Clinical Services**: clinical exams for breast and cervical cancer screening, diagnostic services, treatment referral services, and case management; 2) **Public Education and Outreach Activities**: community outreach, public education, and promotional activities to increase awareness of the benefits of early detection and participation in screening services; 3) **Professional Education Services**: education for professionals and providers of services to assure quality, and promote access to and use of, these services; and, 4) **Quality Assurance Activities**: ensuring clinical standards and the quality of services are maintained with ongoing program review for effectiveness.

Clinical Services

Target Population: Connecticut women with no health care coverage or inadequate health care coverage

| <u>Screening Test</u> | <u>Age</u> |
|-----------------------|---|
| Mammograms: | ≥ 40-64, and (ages) 35–39 for women with symptoms |
| Pap Tests: | ≥ 19-64 |

The CBCCEDP continues to monitor implementation of the Cervical Cancer Screening Policy effective since April 1, 2000 that has been developed to maximize the overall health benefit by increasing the number of women receiving Pap tests. The policy, which includes an operational plan and protocol, mandates increased screening for CBCCEDP-eligible women never or rarely screened and decrease over-screening among CBCCEDP-enrolled women. More specifically, at least 25% of the women screened by each screening provider must have never had a Pap test or not had a Pap test within the last five years. In addition, the Cervical Cancer Screening Policy mandates that over-screening among CBCCEDP-enrolled women be reduced. For each screening provider, less than 15% of women who have had three consecutive, normal Pap tests within five years should receive another Pap test in less than three years.

Priority has been given to ensuring that CBCCEDP-eligible women with abnormal breast and/or cervical screening examinations receive appropriate diagnostic follow-up and linkage to treatment. Case management's primary purpose is to ensure that all women enrolled in the CBCCEDP with abnormal screening results or diagnoses of cancer receive the follow-up services they need in a timely and systematic manner. The case management process ensures that clients with abnormal results receive individualized assessment, counseling, as indicated, and are linked to appropriate services. In addition, case managers assist with health education activities, tracking, reporting, and sending out reminders for clients due for rescreening.

Evaluation of case management is initiated through review of the CBCCEDP program data and quality improvement process. This process compares state program data to the federal Centers of Disease Control and Prevention's national benchmarks, and identifies areas of quality

improvement. Education regarding, quality improvement measures are provided to contracted health care providers to ensure CBCCEDP clients are receiving quality cost effective care.

The Connecticut Breast and Cervical Cancer Prevention and Treatment Act, was enacted on July 2, 2001. This legislation provides Medicaid coverage for treatment to women with a precancerous condition or cancer of the breast or cervix who were screened through the CBCCEDP and who have no means of payment for treatment services.

Public Education and Outreach

The CBCCEDP has participated in numerous activities throughout the year to reach the target populations with information regarding the importance of breast and cervical cancer screening and to encourage their participation. Public education and outreach efforts continue to focus on the never or rarely screened women for breast and cervical cancer, as well as encouraging women to return for re-screening services.

Activities included implementing a statewide media/public education campaign in June 2011 to raise awareness about screenings for breast and cervical cancer and heart disease. *Stay In The Game CT* featured a Live Town Hall Meeting, which aired in June with encore presentations airing during October which is breast cancer awareness month. There were also PSA announcements airing in English and Spanish and feature the faces and voices of Jennifer Rizzotti, Head Coach of the University of Hartford Hawks and former UConn Women's Basketball point guard; Dr. Andrea Silber, Cancer Specialist at St. Raphael's Hospital in New Haven; and former UConn Women's Basketball teammates Tina Charles and Renee Montgomery, both current players for the Connecticut Sun. The year-long campaign will end in June, 2012.

In addition, one contracted provider site implemented the following outreach strategy. CHC, Inc. targeted the program's priority population, specifically uninsured, underinsured, and low-income women. CHC, Inc is a CBCCEDP provider with 13 satellite offices. CHC, Inc. has a long-standing relationship with the State of Connecticut Department of Social Services (DSS) and works with each local DSS office to enroll eligible women into the CBCCEDP. The CBCCEDP target population and the population receiving entitlements through the DSS are similar. Each medical office employs Access to Care (ATC) coordinators who work to assist DSS clients with applying for benefits at the local community as well as at the state level. ATC coordinators help patients complete applications for Medicaid benefits, and to apply for CBCCEDP services in their community. Each ATC coordinator targets uninsured, underinsured, and low-income women for enrollment in the CBCCEDP.

Professional Education Services

Professional education activities for the CBCCEDP to focus on addressing the issues related to breast and cervical cancer risks, screening, diagnosis, and treatments incorporating new technical advances as approved. Educational programs are based on contracted health care provider's specific educational needs and by building on existing seminars and programs. Efforts have focused on the identification of specific areas of need identified through quality assurance activities and address through educational seminars, teleconferences, and visits to provider sites.

Quality Assurance Activities

The CBCCEDP continues to be dedicated to ensuring quality cost effective care is offered to program clients. Quality assurance is a continuous process involving a systematic evaluation of program services and systems to ensure program objectives are being met. Contracted health care providers are monitored quarterly to ensure that they are meeting projected screening numbers, fiscal obligations, and women are getting timely and appropriate follow-up clinical services.

Contracted health care providers receive technical assistance regarding administrative and clinical issues on an ongoing basis. Policies and procedures are provided to each contracted provider via the Program Manual and updated in consultation with the Medical Advisory Committee to ensure standards of care are clearly defined.

Program Data

Since its inception the CBCCEDP has enrolled 51,706 women from (October 1, 1995 through June 30, 2010). For the period, July 1, 2010 through June 30, 2011, an additional 9,066 individual women received services through the program with 3,703 of them being seen for the first time. The program continues to provide services to a greater number of new participants each year, as well as rescreening services for women enrolled in previous years.

Tables 2, 3, and 4 present selected demographic characteristics of women screened.

TABLE 2

| Age Distribution of Screened Women July 1, 2010 – June 30, 2011 | | |
|--|---------------|----------------|
| Age Group | Number | Percent |
| <40 | 2,146 | 23.7% |
| 40-49 | 3,232 | 35.6% |
| 50-64 | 3,576 | 39.4% |
| 65+ | 112 | 1.2% |
| Total | 9,066 | ~100.0% |

TABLE 3

| Race of Screened Woman July 1, 2010 - June 30, 2011 | | |
|--|---------------|----------------|
| Race | Number | Percent |
| White | 5,789 | 63.8% |
| Black | 1,595 | 17.6% |
| Asian | 193 | 2.1% |
| Native American | 53 | <1% |
| Hawaiian / Pacific Islander | 17 | <1% |
| Multi-Racial (more than 1 of the above)) | (-)185 | (-)2.0% |
| Unknown / Refused Race | 1,604 | 17.7% |
| | 9,066 | ~100% |

TABLE 4

| Ethnicity of Screened Woman July 1, 2010 – June 30, 2011 | | |
|---|---------------|----------------|
| Race | Number | Percent |
| Hispanic | 4116 | 45.4% |
| Non-Hispanic | 4861 | 53.6% |
| Unknown / Refused Ethnicity | 89 | 1.0% |
| | 9,066 | ~100% |

Table 5 below presents all screening tests (including women enrolled during this past year, as well as, previously enrolled women) performed by health care providers contracted through the CBCCEDP. The numbers of screening tests performed differ due to the recommended screening guidelines for each test. Depending on a woman's age, previous screening history, and current medical situation, screening tests offered through the program are not appropriate for all women.

TABLE 5

| Screening Tests Performed July 1, 2010 – June 30, 2011 | |
|---|---------------|
| Exam Type | Number |
| Clinical Breast Exams | 8,417 |
| Mammograms | 5,993 |
| Pap Tests | 5,099 |

Table 6 below describes the total number of cancers diagnosed through the CBCCEDP for this reporting period.

TABLE 6

| Diagnoses and Treatment of Cancer Cases July 1, 2010 – June 30, 2011 | | |
|---|------------------|--------------------------------|
| | Diagnosed | Receiving Treatment |
| Breast Cancer | 53 | 52 (98%) |
| In situ | 21 | 20 |
| Invasive | 32 | 32 |
| | | |
| Cervical Cancer | 27 | 27(100%) |
| In situ | 26 | 26 |
| Invasive | 1 | 1 |
| | | |
| Total Cancers | 85 | 84 (99%) |

Based on current program records approximately 98% of all women diagnosed with breast cancer through the program are known to have received treatment. All women diagnosed with cervical cancer through the program are known to have received treatment.